

Case Number:	CM15-0124154		
Date Assigned:	07/08/2015	Date of Injury:	06/01/2009
Decision Date:	08/06/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/27/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 61 year old male who sustained an industrial injury on 6/1/09. The mechanism of injury was unclear. He currently complains of worsening left knee pain with swelling and tenderness over the medial aspect causing him to fall; worsening low back pain with radiation into the left lower extremity and right buttock; sciatic pain; neuropathic pain in the left lower extremity. His pain level is 4-5/10 with medications and 8-10/10 without medications. He has sleep difficulties. Medications are Norco, Soma. Medications give 50% pain relief and allow him to function with activities of daily living. Diagnoses include shoulder joint pain; lower leg pain; ankle/ foot joint pain; lumbosacral spine strain; lumbar degenerative disc disease; postlaminectomy syndrome. Treatments to date include aqua therapy; physical therapy; medications; chiropractic treatments; left lumbar epidural steroid injection (2/21/14) without benefit. Diagnostics include left knee x-ray (5/16/14) normal; x-ray of the lumbar spine (5/16/14) showing degenerative disc disease. In the progress note dated 5/26/15 the treating provider's plan of care included a request for orthopedic consult. On 6/2/15 Utilization Review evaluated the orthopedic consult request (left ankle, right shoulder, left knee, lumbar spine).

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Consultation with an orthopedist (left ankle, right shoulder , left knee, lumbar): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Online Version last updated 04/06/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

Decision rationale: In regards to the request for orthopedic consultation, the ACOEM Practice Guidelines recommend expert consultation when "when the plan or course of care may benefit from additional expertise." Thus, the guidelines are relatively permissive in allowing a requesting provider to refer to specialists. Within the submitted documentation, it is apparent that the worker continues with significant pain in multiple body regions, including the left knee, low back, and left ankle. The patient has had extensive conservative therapies including pain medications, PT, and injections to different body regions. Given the chronicity of this pain, it is reasonable to seek an orthopedic consultation who can provide additional insight and options for this worker. The request is medically necessary.